

2004 CBT 433 Abdominal Pain KING COUNTY EMERGENCY MEDICAL SERVICES (12/15/03) MH				SKILLS CHECKLIST FOR RECERTIFICATION	
NAME <small>PRINT STUDENT'S NAME</small>		EMS #		DATE	
Objective: Given a partner, appropriate equipment and a patient with abdominal pain, demonstrate appropriate assessment and treatment as outlined in CBT 433 and BLS Patient Care Guidelines.					
SCENE SIZE-UP (must verbalize)					
<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines NOI/MOI	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Additional Resources	
INITIAL ASSESSMENT (must verbalize)					
<input type="checkbox"/> Mental Status	<input type="checkbox"/> C-spine	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Body Position	<input type="checkbox"/> Sick
<input type="checkbox"/> Chief complaint	<input type="checkbox"/> Airway		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Obvious Trauma	<input type="checkbox"/> Not Sick
SUBJECTIVE (FOCUSED HISTORY)					
<input type="checkbox"/> Establishes rapport with patient and obtains consent to treat <input type="checkbox"/> Reassures and calms patient (notes pertinent comments from the patient, e.g. pregnancy-related history, possibility of domestic violence, etc.) <input type="checkbox"/> Determines patient's chief complaint and follows SAMPLE and OPQRST investigation <input type="checkbox"/> Obtains names/dosages of current medications					
OBJECTIVE (PHYSICAL EXAM)					
<input type="checkbox"/> Records and documents baseline vital signs <input type="checkbox"/> Performs appropriate medical/trauma exam — exposes/checks for additional bleeding and/or injuries <input type="checkbox"/> Obtains second set of vital signs and compares to baseline					
ASSESSMENT (IMPRESSION)					
<input type="checkbox"/> Verbalizes impression (R/O) <input type="checkbox"/> Determines if ALS is needed — states rationale _____					
PLAN (TREATMENT)					
GENERAL CARE (Check all that apply) <div> <input type="checkbox"/> Properly positions patient <input type="checkbox"/> Performs abdominal exam <input type="checkbox"/> Considers postural BP check <input type="checkbox"/> Administers appropriate rate and delivery of oxygen <input type="checkbox"/> Administers additional care as indicated: wound care, splinting <input type="checkbox"/> Considers pregnancy-related questions (if indicated) </div> <div> <input type="checkbox"/> Initiates steps to prevent heat loss <input type="checkbox"/> Indicates need for immediate ALS/transport (SICK) <input type="checkbox"/> Monitors patient vital signs <input type="checkbox"/> Collects emesis and describes character (if indicated) <input type="checkbox"/> Considers IOS <input type="checkbox"/> _____ (additional) </div>				CRITICAL FAIL CRITERIA DID NOT... <div> <input type="checkbox"/> Take/verbalize BSI <input type="checkbox"/> Appropriately provide/manage airway, breathing, bleeding control, treatment of shock <input type="checkbox"/> Administer appropriate rate and delivery of oxygen (if indicated) <input type="checkbox"/> Indicate the need for immediate ALS/transport (SICK) </div>	
COMMUNICATION AND DOCUMENTATION				RECERTIFY	
<input type="checkbox"/> Delivers timely and effective short report (if indicated) <input type="checkbox"/> Completes SOAP narrative portion of incident response form				<input type="checkbox"/> YES <input type="checkbox"/> NO 2nd ATTEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVALUATOR SIGN YOUR NAME				EMS #	
				IF NO EXPLAIN	

